

The Commonwealth of Massachusetts

Registry of Motor Vehicles

P.O. Box 55896

Boston, MA 02205-5896

REGISTRY OF MOTOR VEHICLES COMPLAINT OF IMPROPER OPERATION

l am filing a complaint with the Registry of Motor Vehic	les concerning the improper operation of a motor
vehicle. The motor vehicle registration number is	. The vehicle make, model, and
color are	
Complainant Information	
Your Name	Date of Birth
Telephone Number	
Your Address:	
Please provide the following information concerning the Be as specific about the details of the incident as possible	improper operation of the motor vehicle you observed.
Date of the Incident:	Time of the Incident:
City/Town of the Incident:	
Location of the Incident (Street or Highway):	
Was this Reported to the Police? (check one) Yes	
If yes, which Police Department	·
Description of the Improper Operation:	
Signature:	Date
Signed under the penalties of	perjury

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING

The RMV's Driver Control Unit is prepared to investigate this compliant. If a hearing is scheduled in this matter, you will be notified and required to attend. Do not submit this complaint to the agency unless you are prepared to attend the hearing and give your testimony as to what occurred.

NOTE: This form in its entirety is available to the other party upon request.